

121503

13281 U.S. PTO

<b>CONTINUATION/DIVISIONAL APPLICATION TRANSMITTAL</b> (Rule 53(b) Continuation or Divisional) <span style="float: right;"><input checked="" type="checkbox"/> DUPLICATE</span>						
<b>Address to: Commissioner of Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b>			<b>Attorney Docket No.:</b> KLAV3010C2/REF  <b>First Named Inventor:</b> KLAVENESS et al  <b>Total Pages:</b> 262		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     22141 U.S. PTO                      10/734730                 </div>	
This requests a <input checked="" type="checkbox"/> Continuation or <input type="checkbox"/> Divisional application under 37 CFR 1.53(b) of prior application:						
Appl. No.:	09/925,715		Group Art Unit:	1616		
Filed on:	August 10, 2001		Examiner:	M. Hartley		
Entitled:	IMPROVEMENTS IN OR RELATING TO DIAGNOSTIC/THERAPEUTIC AGENTS					
<div> <input checked="" type="checkbox"/> 1. The entire disclosure of the pending, prior application is hereby incorporated by reference.  <input checked="" type="checkbox"/> 2. Submitted herewith is a copy of the complete prior application as filed.  <input type="checkbox"/> 3. This application is filed by fewer than all the inventors named in the prior nonprovisional application, 37 CFR 1.53(b)(1). <b>DELETE</b> the following inventor(s): _____  <input checked="" type="checkbox"/> 4. Submitted herewith is a copy of the signed Oath/Declaration from the prior application.  <input type="checkbox"/> 5. Small entity status is claimed.  <input type="checkbox"/> 6. A _____ month Petition for Extension of Time is filed concurrently in the prior application.  <input type="checkbox"/> 7. The Commissioner is <b>NOT</b> authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.  <input type="checkbox"/> 8. <b>NO</b> check is submitted herewith.  <input type="checkbox"/> 9. Insert before the first sentence of the specification: -- This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division of nonprovisional application serial number _____ filed _____. --  <input type="checkbox"/> 10. Cancel in this application original claims _____ of the prior application before calculating the filing fee. At least one independent claim is retained.  <input checked="" type="checkbox"/> 11. The prior application is assigned of record to: <u>Amersham Health AS</u>.  <input checked="" type="checkbox"/> 12. Priority is claimed based on each foreign application so listed in the Oath/Declaration and a certified copy of each was filed in U.S. application number <u>08/959,206</u> filed <u>10/28/97</u>.  <input checked="" type="checkbox"/> 13. A Preliminary Amendment is enclosed.  <input checked="" type="checkbox"/> 14. Submitted herewith is an Application Data Sheet.  <input type="checkbox"/> 15. Other: _____                     </div>						
THE FILING FEE IS CALCULATED AS FOLLOWS:					Basic Fee:	\$770.00
Total Claims:	37	- 20 =	18.00	X \$18 =	306.00	
Independent Claims:	1	- 3 =	0.00	X \$43 =	0.00	
<b>23364</b> Customer Number				Multiple Dependent Claim (\$290.00):		
				Subtotal:	1,076.00	
				50% Reduction if Small Entity Status:		
Phone: 703-683-0500		Fax: 703-683-1080		Total:	1,076.00	
Date:	Name:		Signature:		Reg. No.	
December 3, 2003	Richard E. Fichter				26,382	

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